

**PHYSICIAN'S CERTIFICATE FOR
DISABILITY PROGRAM**

USE: A voter, who is physically disabled such that they cannot appear to vote early in person at the registrar of voters' office or on Election Day at the polling place, may have a physician certify to their physical disability to be entitled to vote absentee by mail in the Disability Program. The physician's certificate is required for new homebound and new nursing or veterans' home applicants, along with an application to vote absentee by mail. LSA-R.S. 18:115.

Parish: _____

State of Louisiana

Date: _____

Patient's Name: _____

Patient's date of birth: _____

I hereby certify that the above named patient is unable to appear to vote early in person at the parish Registrar of Voters' office or at the polling place on Election Day due to the patient's physical disability, described as follows:

Physician's Signature: _____

Physician's Name (Printed or Typed): _____

Physician's Address (Printed or Typed): _____

NOTICE TO PHYSICIANS: Knowingly making false statements herein constitutes an election offense and is punishable by a fine or imprisonment or both.